

CITY OF HORSESHOE BAY

PO BOX 7765
HORSESHOE BAY TX 78657-7765
830-598-8741

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sexual orientation, national origin, age, creed, gender, marital or veteran status, disability, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Date of Application_____

Position (s) Applied for_____

Name _____ Tel. (____) _____
Last First MI

Address _____
Number Street City State Zip Code

Social Security #:_____

If employed and you are under 18, can you furnish a work permit?

_____Yes _____No

Have you filled an application here before?

_____Yes _____No

If yes, give date

Are you employed now?

_____Yes _____No

May we contact your present or last employer?

_____Yes _____No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

_____Yes _____No

(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work?

Are you available to work : _____full time _____part time _____shift work _____temporary

Have you been convicted of a Class B Misdemeanor or higher within the last 7 years?

_____Yes _____No (Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain:

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EDUCATION:

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Years Completed/ Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study				
Describe Specialized Training, Apprenticeship, Skill, and Extra-Curricular Activities				

Honors Received: State any additional information you feel may be helpful to us in considering your application.

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List professional, trade, business, or civic activities and office held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry handicap, or other protected status):

Give name, address, and telephone number of three references who are not related to you and are not previous employers:

1) Name: _____ Telephone _____

Address: _____

2) Name: _____ Telephone: _____

Address: _____

3) Name: _____ Telephone: _____

Address: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. (You may exclude organization names which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status):

1	EMPLOYER:		DATES EMPLOYED	
	ADDRESS:		FROM:	TO:
	PHONE NUMBERS:		HOURLY RATE / SALARY:	
	JOB TITLE:	SUPERVISOR:	STARTING:	FINAL:
	WORKED PERFORMED:			
	REASON FOR LEAVING:			

2.	EMPLOYER:		DATES EMPLOYED	
	ADDRESS:		FROM:	TO:
	PHONE NUMBERS:		HOURLY RATE / SALARY:	
	JOB TITLE:	SUPERVISOR:	STARTING:	FINAL:
	WORK PERFORMED:			
	REASON FOR LEAVING:			
3.	EMPLOYER:		DATES EMPLOYED	
	ADDRESS:		FROM :	TO:
	PHONE NUMBER:		HOURLY RATE / SALARY:	
	JOB TITLE:	SUPERVISOR:	STARTING:	FINAL:
	WORK PERFORMED:			
	REASON FOR LEAVING:			
4.	EMPLOYER:		DATES EMPLOYED	
	ADDRESS:		FROM:	TO:
	PHONE NUMBER:		HOURLY RATE / SALARY:	
	JOB TITLE:	SUPERVISOR:	STARTING:	FINAL:
	WORK PREFORMED:			
	REASON FOR LEAVING:			

If you need additional space, please continue on a separate sheet of paper.

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SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment experience or education:

NOTES:

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby authorize The City of Horseshoe Bay to run a Driver License check as well as a Criminal History check to assist in their decision of my employment. I also authorize the release of my Driving Record to The City of Horseshoe Bay for the purpose of insurability verification. I understand that my employment with The City of Horseshoe Bay is dependent upon qualifying for insurance and having a satisfactory Driver Record. I also understand that while I am employed with The City of Horseshoe Bay, my Driving Record will be reviewed on an annual basis.

Signature of Applicant

Date

DOB: _____

SS#: _____

DL: _____